U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U → ♣ੑੑਗ਼ੑਲ਼ੑੑੑਗ਼ੵ →	2 Fiscal Year Covered From
9/12	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name THOMAS *** ATAMANOFF * ***	Name CONCRETE WORKERS DISTRICT COUNCIL >  Labor Organization File Number 001-089
PO Box Bidg Room No Ifany	PO Box Building and Room Number if any
Street 200 BRIGHTON 15TH AT SA	Steet 29 18 35th AVE
on BROOKEYN	City Long Island City
State NT . ZIP Code + 4 : 11 2 3 5 5	State New York ZIP Code + 4 ;Li106 >
5 Position in labor organization ORGANIZER.	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name if any)		7.a Nature of Interest Transaction or Income			
Name	~ ~~ ;				
—Trade Name if any		ing a second of a market minimum of the			
PO Box Bidg Room No If any	-	7 b Amount			
Street	as redde				
Crty 4 ,	*				
State ZIP Code + 4					

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)

Signed / Quit

on 8/12/05

718-392-6970 Telephone Number

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Name of	f Person	Filma	PAMONT	ATAMANOPP

File Number U

12 a Nature of interest held or income received

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B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actrially any part of which consists of buying from or selling or leasing directly or included in with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or directly to or otherwise	
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City * * * * * * * * * * * * * * * * * * *	9 Business deals with  a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  PO Box Bidg Room No if any  Street	11 a Nature of such dealing	
Officer A 1	11 b Approximate dollar value of such dealing	*

ZIP Code + 4

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name '				
Trade Name if any				
PO Box Bidg Room No If any Street	* * * * * * * * * * * * * * * * * * * *			
City	, , , ,			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

12 b Amount

City

State



US Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Washington, DC 20210

Room N-5616

## RE Form LM-30 Filing for Thomas Atamanoff, 001-089 Labor Organization FileNo

## Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well, as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is till changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any —present-specific-recollection—In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004